


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000015730 1. Entity Name MARINE HORIZONS, INC.		
Principal Place of Business 121 SE 1ST AVE MIAMI, FL 33131	Mailing Address P. O. BOX 160874 MIAMI, FL 33116 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent MORENO, MARIA-ANTONIA 7821 SW 182 TERR MIAMI, FL 33157		<h2>DO NOT WRITE IN THIS SPACE</h2>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE P NAME MORENO, VIRGINIA STREET ADDRESS 7821 SW 182 TERR CITY-ST-ZIP MIAMI, FL 33157	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE VP NAME MORENO, MARIA-ANTONIA STREET ADDRESS 7821 SW 182 TERR CITY-ST-ZIP MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Virginia Moreno - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/9/06 <u>(305) 3589021</u> <small>Date Daytime Phone #</small>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0649275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/20/06-80024-005 150.00